MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54B)

05275

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:
County: Caroline
City or town: Tanyard (Near Preston)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Tanyard Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles E. Engle

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Engle
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 4, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	26	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business

FATHER
12. Name: Wm. Engle
13. Birthplace: Germany

MOTHER
14. Maiden name: Emilie Mansnay
15. Birthplace: Germany

16. Informant: W. E. Engle
Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/2/40 (month) (day) (year)
Cemetery or crematory: Jr. O. U. A. M.
Location: Linchester, Md.,

18. Funeral director: William H. Hollis & Son
Address: Preston, Maryland

19. Issued (Date rec'd by registrar) 1940 Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 10, 1940, to June 1 1940, and that I last saw h-- alive on May 31 1940.

Immediate cause of death: Cancer of Prostate gland & Bladder — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: L. E. Engle M. D. or other
Address: Hurlock Md Date signed: June 7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU P. S.

05276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgely - near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Centreville County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Faulkner

3. (b) Social Security Number none

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21. 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 0 hrs. min.

9. Birthplace Ridgely rural
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Howard Yateman
13. Birthplace St. Michaels ?

MOTHER
14. Maiden name Ella Marie Faulkner
15. Birthplace Ridgely, Md.

16. Informant Ella Marie Faulkner
Address Centerville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 22 1940
(month) (day) (year)

Cemetery or crematory on Slaughter farm

Location Near Ridgely Md

18. Funeral director acting George J Messire
Address Ridgely Md

19. May 22 1940
(Date rec'd by registrar)
J D Davis,
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 21 1940, and that I last saw her alive on May 21 1940.

Immediate cause of death
Still birth -

Due to
Miscarriage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hefer M.D.
M. D. or other

Address Ridgely Date signed 5-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

05277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 43 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Ridgely~~ Md County: Caroline

City or town: Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Risdon Earl Fountain

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Anna J. Fountain

deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 25 1852

8. AGE: Years: 88 Months: Days: 13 If less than one day: ____ hrs. ____ min.

9. Birthplace: Denton Caroline Co, Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm agriculture

FATHER
12. Name: James H. Fountain
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Jump
15. Birthplace: Denton Caroline Co Md

16. Informant: Mrs. Orrell Saulsbury (daughter)
Address: Ridgely Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 13 1940 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. May 11 1940 (Date rec'd by registrar) J. W. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 12:12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 24 1940, to May 11 1940, and that I last saw him alive on May 11 1940.

Immediate cause of death: myocarditis

Due to: Chronic Bronchitis

Senility

Due to: Cold & Bronchitis, &c.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

DURATION: yrs. following cold yrs. started 1-22-40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. S. Gifer M.D. (M. D. or other)

Address: Ridgely Md Date signed: 5-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-C)

05278

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline County

City or town: Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Liberty Road

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Liberty Road
(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alice Y. Handy

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Albert S. Handy

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): September 22, 1861

8. AGE:	Years	Months	Days	If less than one day
	78	8	2	hrs. min.

9. Birthplace: Caroline County Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Reynolds Y. Collins
13. Birthplace: No data available

MOTHER
14. Maiden name: No data available
15. Birthplace: "

16. Informant: Mrs. Roland Handy
Address: Asheville, North Carolina

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 1940 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. May 25 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1940, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 24 1940, and that I last saw h[illegible] alive on May 24 1940.

Immediate cause of death	DURATION
Chronic Glomerular Nephritis	1 yr.
Hypertension	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D.
M. D. or other

Address: Federalsburg, Md. Date signed 5/25/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (13-b)

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Goldsboro. R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Goldsboro Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Ray Hockster

3. (b) Social Security Number

4. Sex: Male

5. Color or race: B

6.(a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Hannah Hockster

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 6. 1875

8. AGE: Years: ~~65~~ 64 Months: 9 Days: 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Md. Goldsboro. Caroline (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business

FATHER

12. Name: George Hockster.

13. Birthplace: Md.

MOTHER

14. Maiden name: Alma

15. Birthplace: Md.

16. Informent: Calvin Hockster.

Address: Goldsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 18 (month) (day) (year)

Cemetery or crematory: Vinson.

Location: Near Greensboro.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. 5/18/40 (Date rec'd by registrar) 19 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1940, at 2.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 17 1940, and that I last saw him alive on May 12 1940.

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 2 yrs (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Stonecifer M.D. M. D. or other

Address: Greensboro Md Date signed: May 17 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 12 1940
U. S.

05280

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Hobbs. Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Hobbs Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bessie Daffin Hubbard.

3. (b) Social Security Number: 220-01-5095

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William Hubbard.

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): Aug. 9 1881

8. AGE: Years 58 | Months 9 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace: American Corner. Md.

(Town, county, and state)

10. Usual occupation: Hobbs. Md.

11. Industry or business: Day labor in Canning house

FATHER

12. Name: Thomas J. Daffin

13. Birthplace: Maryland.

MOTHER

14. Maiden name: Margret Calloway.

15. Birthplace: Maryland.

16. Informant: Mrs Chas. Collins

Address: Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-18-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton. Maryland.

18. Funeral director: J. Virgil Moore & Son.

Address: Denton Md.

19. 5-18 1940 (Date rec'd by registrar) Mr D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1940, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to May 15 1940, and that I last saw her alive on May 15 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 1933

Due to

Due to: Shock due to excitement at fire, also over exertion — Sudden

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Dawson O George M. D. or other

Address: Denton Md Date signed 5-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05281

191-a

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: River Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Jones

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Spencer Jones

6(c) If alive, give age 94 years

7. Birth date of deceased (mo., day, yr.) About 1861

8. AGE: Years	Months	Days	If less than one day
About 79	—	-	hrs. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name No data available

13. Birthplace unknown

MOTHER 14. Maiden name No data available

15. Birthplace " "

16. Informant Spencer Jones

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)

Cemetery or crematory Federalsburg Odd Fellows Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg Maryland

19. May 13 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 11 1940

and that I last saw h ex alive on May 11 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 1 day

Due to Cardio-Vascular Renal Disease with Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. E. Lemmon M.D. (M. D. or other)

Address Federalsburg Md Date signed 5/14/40

RECEIVED
JUN 6 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (230)

05282

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton, County Alms House
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Denton Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: John Kaisier

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 15th 1870

8. AGE: Years 69 | Months 11 | Days 17 | If less than one day: hrs. min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Tailor & presser of Clothes

11. Industry or business:

FATHER
12. Name: Frank Kaisier
13. Birthplace: Austria

MOTHER
14. Maiden name: Sofia
15. Birthplace: Austria

16. Informant: Welfare Office
Address: Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: J. M. O. A. M. Cemetery
Location: Preston Md. R.F.D.
18. Funeral director: J. Virgil Emerson & Son
Address: Denton Md.
19. 5-3 (Date rec'd by registrar) 1940 Mr H D George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to May 2 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	Jan 1940
Due to	
Due to Arteriosclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dawson D George M. D. or other
Address: Denton Md Date signed: May 3-40

05283

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton. Md,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yeqrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR --

3. (a) FULL NAME William H. Laramore

3. (b) Social Security Number none

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna Laramore

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr. Aug, 27, 1861

8. AGE: Years 78 Months 9 Days If less than one day hrs. min.

9. Birthplace Felton Del, R.F.D.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business xx

FATHER
12. Name Joseph Laramore
13. Birthplace Delaware

MOTHER
14. Maiden name Prudence Edwards
15. Birthplace Delaware

16. Informant Laurence Laramore
Address Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May, 30. 1940 (month) (day) (year)

Cemetery or crematory Greensboro, Md,

Location Greensboro, Md,

18. Funeral director Raymond B. Rawlings
Address Greensboro, Md.

19. 5-29 1940 Wm. D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 1308 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 28 1940 and that I last saw him alive on May 27 1940.

Immediate cause of death Cardio-Renal Disease

Due to General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer M D
M. D. or other

Address Greensboro Md Date signed May 29 1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05284

CERTIFICATE OF DEATH

Dr Knotts.

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas Walter Lewis

3. (b) Social Security Number

4. Sex: m

5. Color or race: w.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband~~ or wife: Sarah G Lewis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 28th 1868

8. AGE: Years: 73 Months: 3 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Canada (Town, county, and state)

10. Usual occupation: Day labor on farm.

11. Industry or business: ~~not known~~.

FATHER

12. Name: not known.

13. Birthplace

MOTHER

14. Maiden name: Sarah Hamilton

15. Birthplace: Ireland

16. Informant: Sarah G Lewis wife

Address: Denton, Md. R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 5-24-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery.

Location: Denton Maryland

18. Funeral director: J. Virgil Moore & Son

Address: Denton. Md.

19. 5-24 1940 (Date rec'd by registrar) Wm D D George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1940, at 9130/2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940, to May 21 1940, and that I last saw him alive on May 21 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 3 days.

Due to: arteriosclerosis — 3 years +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E Paul Knotts M D (M. D. or other)

Address: Denton Md Date signed May 24 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

05285

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Caroline

City or town Near Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis Jenkins Meredith

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Louisa H. Meredith

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 30th 1861

8. AGE: Years 78 Months 4 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Smithville Caroline Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Dr William Meredith
13. Birthplace Delaware

MOTHER
14. Maiden name Sally Smith
15. Birthplace Delaware

16. Informant Louise H. Meredith

Address Denton Md.

17. Buried (Burial, cremation, or removal, Which?) Date thereof 5-26-40 (month) (day) (year)

Cemetery or crematory Hillcrest Cemetery

Location Federalsburg Md.

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 5-26 1940 (Date rec'd by registrar) Mm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 11 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1940, to May 22 1940, and that I last saw him alive on May 22 1940.

Immediate cause of death Coronary Thrombosis — DURATION 17 hours

Due to

Due to

Other conditions Acute Gastro Enteritis. Cause not determined — 2 days
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Paul Knotts M.D.
M. D. or other

Address Denton Md Date signed May 26 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

05286

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jane Morgan

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George Morgan
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): April 18, 1857
8. AGE: Years 83 | Months — | Days 13 | If less than one day ____ hrs. ____ min.
9. Birthplace: Caroline County, Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Own Home
FATHER 12. Name: No data available
13. Birthplace: Md.
MOTHER 14. Maiden name: Elizabeth Baker
15. Birthplace: Caroline County, Maryland
16. Informant: Mr. A. L. Morgan
Address: Federalsburg, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 4, 1940 (month) (day) (year)
Cemetery or crematory: Hill Crest Cemetary
Location: Federalsburg, Maryland
18. Funeral director: J. J. Hampshire and Son
Address: Federalsburg, Maryland
19. May 2 1940 (Date rec'd by registrar) Mark O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 12:00 NOON

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1935, to May 1 1940, and that I last saw h-- alive on May 1 1940.

Immediate cause of death — DURATION

Acute Myocarditis — Sudden
Due to Arteriosclerosis — 1935
Due to Chronic Bronchitis — 1935

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE Nelson D George M. D. or other
Address Denton Md Date signed 5-2-40

Dr. Lemmon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

05287

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carolina

City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Academy Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Academy Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Laura Noble

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Noble

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 29, 1860

8. AGE:

Years	Months	Days	If less than one day
79	7	13	____ hrs. ____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name John Edward Nichols

FATHER 13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Henrietta Smith

MOTHER 15. Birthplace Caroline County, Maryland

16. Informant Mrs. Gertie Steele

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. May 13 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1937, to May 12 1940, and that I last saw h ev alive on May 12 1940.

Immediate cause of death Carcinoma of Sigmoid — DURATION 1937

Due to —

Due to Leukemia Carcinoma Metastis — DURATION —

Other conditions Diabetes — DURATION —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. E. Lemmon M.D.
M. D. or other

Address Federalsburg Md Date signed 5/13/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 66 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Frederick Burdette Hustle

3. (b) Social Security Number None

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Hopkins Hustle

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) January 23. 1874

8. AGE: Years 66 Months 3 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Business Man

11. Industry or business Lumber & Canning

FATHER 12. Name Wm Blake Hustle

13. Birthplace Md

MOTHER 14. Maiden name Addie Williamson

15. Birthplace Md inc.

16. Informant Burdette Hustle

Address Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 19, 1940 (month) (day) (year)

Cemetery or crematory Denton

Location Denton. Md

18. Funeral director R Ellis Clark

Address Denton. Md.

19. 5-19 1940 (Date rec'd by registrar) Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940, at 9:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to May 16 1940, and that I last saw him alive on May 16 1940.

Immediate cause of death Myocardial Disease Apoplexy.

Due to Chronic Nephritis & Duration & two years.

Due to O.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Melvin N Uhlich M. D. or other

Address Denton Md Date signed 5/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05289

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

Dr Nichols

1. PLACE OF DEATH:

County Caroline

City or town Thomastown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Rural Hillsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Bertha Reynes

3. (b) Social Security Number

4. Sex F

5. Color or race Col

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ Jacob Reynes

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 20th 1880

8. AGE: Years 60 Months 11 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace near Hillsboro. Md.

(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER

12. Name Frank Matthews

13. Birthplace Maryland.

MOTHER

14. Maiden name Harriett Flamer

15. Birthplace Maryland

16. Informant Jacob Reynes

Address Hillsboro Md

17. Burial Date thereof 5-~~24~~ 25-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sandtown Cemetery

Location near Hillsboro.

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 5-25 1940 Mrs D O Grage

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH May 22nd 19~~34~~ 40, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; ~~that~~ I attended deceased from June 14 1940, to May 22nd 1940, and that I last saw her alive on May 22nd 1940.

Immediate cause of death Dishtry

Chronic Valvular disease of Heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N Nichols M. D. or other

Address Denton Md Date signed 5/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

05290

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maple Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 56 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Ridgely Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Maple Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Husb - Civil War Veteran

3. (a) FULL NAME: Mary Ann Sharp

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: James Sharp dead

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18 1853

8. AGE: Years: 87 Months: ~~April~~ 1 Days: 4 If less than one day: hrs. min.

9. Birthplace: Canada (near Toronto) (Town, county, and state)

10. Usual occupation: housekeeper

11. Industry or business: home

FATHER
12. Name: William Bowden
13. Birthplace: England

MOTHER
14. Maiden name: Mary A. Stauman
15. Birthplace: England

16. Informant: Mary A. Sharp - discard

Address: Ridgely Md

17. Buried (Burial, cremation, or removal, Which?) Date thereof: 5-24-40 (month) (day) (year)

Cemetery or crematory: Ridgeley Cemetery

Location: Ridgeley Md

18. Funeral director: J. Virgil Moore & Son

Address: Denton Md

19. May 22 1940 (Date rec'd by registrar) J. W. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1940, at 3:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to May 22 1940, and that I last saw her alive on May 21 1940

Immediate cause of death: Myocarditis Chr. Nephritis

Due to: Senility

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

DURATION: yrs. yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. S. Sufer M.D. M. D. or other

Address: Ridgely Md Date signed: 5-22-40

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05291

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Greensboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
White	Female	Widowed

6 (b) Name of husband or wife Theadore

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1875

8. AGE: Years 65 | Months | Days 10 | If less than one day hrs. min.

9. Birthplace Maryland, Caroline Co

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Manship Stckley

13. Birthplace Maryland

MOTHER 14. Maiden name Cornelius Roe

15. Birthplace Md,

16. Informant Dennie Taylor

Address Greensboro, Md,

17. Burial (Burial, cremation, or removal. Which?) Date thereof May, 22. 1940 (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md,

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md,

19 May 22 1940 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 2 1940, to May 19 1940, and that I last saw her alive on May 19 1940

Immediate cause of death	DURATION
Pulmonary tuberculosis	3 yr
Due to	
Due to	
Other conditions: Chronic arthritis	2 yr

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas N Stonesifer M D

M. D. or other

Address Greensboro, Md. Date signed 5/21/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

05882

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 320 Park Ave.
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Federalsburg, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 320 Park Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Brink Washington

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

B (b) Name of husband or wife: Albertina Washington
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): April 1, 1873

8. AGE:

Years	Months	Days	If less than one day
67	1	23	____ hrs. ____ min.

9. Birthplace: Federalsburg, Md.
(Town, county, and state)
10. Usual occupation: Millwork
11. Industry or business: retired

FATHER
12. Name: John Washington
13. Birthplace: Federalsburg, Md

MOTHER
14. Maiden name: Ann Collins
15. Birthplace: Federalsburg, Md.

16. Informant: Mrs. Albertina Washington
Address: Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Federal Hill Cemetery
Location: Federalsburg, Md.

18. Funeral director: C. W. Adams
Address: Federalsburg, Md.

19. 5/25/40 (Date rec'd by registrar) 19___ Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1929 19___ to May 23 1940, and that I last saw h IM alive on May 23 1940.

Immediate cause of death: Chronic Myocardeles — DURATION: 1929

Due to: ____

Due to: ____

Other conditions: Hypertension —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: W. E. Lemmon M.D.
M. D. or other
Address: Federalsburg Md. Date signed: 5/24/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-P)

05292

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Charles Rondel White

3. (b) Social Security Number: none

4. Sex: m.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mrs Mary White

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 13th 1864

8. AGE: Years: 75 Months: 11 Days: 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Halifax, Nova Scotia, (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Isaac White

13. Birthplace: Halifax N Scotia

MOTHER

14. Maiden name: Maud Rondell

15. Birthplace: Nova Scotia

16. Informant: Mrs Ward

Address: Denton Md. R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 5-9-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton, Maryland.

18. Funeral director: J. Virgil Nevon

Address: Denton Md.

19. 5-9 1940 (Date rec'd by registrar) M D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7th 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 7 1940, and that I last saw him alive on May 7 1940.

Immediate cause of death: Carcinoma of Prostate. Hand

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: Wilfred N Nichols M. D. or other

Address: Denton Md Date signed 5/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15